MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000674
STATE FILE NUMBER

Registration District No. 29 Primary Registration District No. 4092 Registrar's No. 20

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

FILED FEB 5 1963

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0192		
2	0192	2	
3			
4	0		
5	1		
6			
7	1		
8	0		
9	4342		
10			
11			
12	90-2		
13	2-0		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville — Length of stay in 1b: 18 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1005 W. Mechanic — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cass
c. CITY OR TOWN Harrisonville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1005 W. Mechanic — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Charles Middle Edward Last Brown

4. DATE OF DEATH: Month Jan. Day 30 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1-2-1900

9. AGE (last birthday): 63 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Auto.

11. BIRTHPLACE (City and state or country): Aurora, Kansas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Charles W. Brown

13b. MOTHER'S MAIDEN NAME: Belle Irene Dunn

14. NAME OF HUSBAND OR WIFE: Lillie V. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.

17. INFORMANT: Lillie V. Brown — Address: 1005 Mechanic Harrisonville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac arrist
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardiac asthma
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-28-63 to 1-30-63 and last saw him alive on 1-30-63
Death occurred at 4:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul H. Green

22b. ADDRESS Harrisonville, Mo

22c. DATE SIGNED 2-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2/2/1963

23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery

23d. LOCATION (City, town, or county) (State) Harrisonville Mo.

24. FUNERAL DIRECTOR ADDRESS Atkinson-Dickey - Harrisonville Mo.

25. DATE RECD. BY LOCAL REG. 2-2-63

26. REGISTRAR'S SIGNATURE Ray J. Lebus

(Licensed Embalmer's Statement on Reverse Side)

FEB 13 1963

FEB 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Robert W Cockerman

Licensed Embalmer No. 4902

P. O. Address Hammond, Ohio

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.